

**LEOSA Recertification
Procedures for Retired D.O.S. Commissioned Officers**

Dear Retired D.O.S. Officer;

Having obtained the initial L.E.O.S.A. certification credentials, it may be your desire to renew these credentials. In order for this to occur, certain conditions must be satisfied. A listing of these conditions is provided below. Each condition must be satisfied; otherwise, re-certification credentials will not be issued.

- ☐ Complete Tennessee Department of Safety form (SF-1351) entitled, "LEOSA Renewal for TDOS Retirees"
- ☐ Have a licensed medical doctor complete and sign the Tennessee Department of Safety form (SF-1346) entitled, "Training Division Medical Release"
- ☐ Complete a P.O.S.T. certified firearms training course that satisfies the conditions of HR 218 entitled Law Enforcement Officer's Safety Act. Have the P.O.S.T. certified firearms instructor that provided the training complete and sign the Tennessee Department of Safety Certificate (SF-1352) entitled "LEOSA Firearms Training Completion Certificate"

** NOTE - This training can be attended and completed at any municipal, county, or state firearms training facility if offered and approved by the commissioner, chief, sheriff, or head of the law enforcement agency.*

- ☐ Upon completion of all the above requirements, send all three ORIGINAL forms, copies not accepted, to:

Tennessee Department of Safety Training Center
Ordnance Section
275 Stewarts Ferry Pike
Nashville, TN 37214

Upon receipt, the Ordnance Section will conduct a criminal history check. If satisfactory, re-certification credentials will be produced and mailed to the member by certified mail, return receipt requested. If unsatisfactory, appropriate notification will be made to the member and proper authorities. All forms will be retained by the Ordnance Section and placed in the member's file.

Please allow 10 to 15 days for return delivery. All aforementioned forms are enclosed for your convenience and can also be obtained from the Department of Safety website at www.state.tn.us/safety or requested from the Ordnance Section. For additional assistance, contact Ordnance at (615) 232-2925.

*Should the D.O.S. provide future training sessions, the dates and locations will be posted on the website.



TENNESSEE DEPARTMENT OF SAFETY

LEOSA RENEWAL FOR TDOS RETIREES

Legal First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Secondary Phone: (____) _____

Social Security Number: _____ Driver's License Number: _____ State: _____

Date of Birth: _____ State of Birth: _____ City of Birth: _____

Please read the following Qualifications:

- Applicants shall not have been convicted of any felony offense punishable for a term exceeding one (1) year;
- Applicants shall not currently be under indictment for any criminal offense punishable by a term exceeding one (1) year;
- Applicants shall not be currently the subject of any order of protection;
- Applicants shall not be a fugitive from justice;
- Applicants shall not be an unlawful user of or addicted to alcohol or any controlled substance and the applicant has not been a patient in a rehabilitation program or hospitalized for alcohol or controlled substance abuse or addiction within ten (10) years from the date of application;
- Applicant has not been convicted of the offense of driving under the influence of an intoxicant in this or any other state two (2) or more times within ten (10) years from the date of application and that none of such convictions has occurred within five (5) years from the date of application or renewal.
- Applicants shall not have been adjudicated as mental defective or incompetent; has not been committed to or hospitalized in a mental institution; has not had a court appoint a conservator for the applicant by reason of mental defect; has not been judicially determined to be disabled by reason of a mental illness, development disability or other mental application, been found by a court to pose an immediate substantial likelihood of serious harm, as defined in Title 33, Chapter 6, Part 5, because of mental illness;
- Applicants shall not have been discharged from the Armed Forces under dishonorable conditions (dishonorable discharge, bad conduct discharge or other than honorable discharge Chapter 1340-2-5-.02(5));
- Having been a citizen of the United States, applicants shall not have renounced their citizenship;
- Applicants shall not have been convicted of a misdemeanor crime of domestic violence as defined in 18 U.S.C.A. 921(33);
- Applicants shall not be receiving social security disability benefits by reason of alcohol dependence, drug dependence or mental disability;
- Applicants shall not have been convicted of the offense of stalking.
- Applicants shall have retired from an agency in good standing with a minimum of 15 years total creditable service in a commissioned status.
- Applicants shall have had powers of arrest at the time of retirement.
- Applicants must carry the handgun you qualify with (H.R. 218)

The following specifications must be met for approval of weapons and ammunition.

1. Weapons specification:
 - a. Revolver or semi-automatic pistol
 - (1) Single action revolvers may not be submitted for approval as non-issued weapons.
 - b. A minimum of .380 caliber
 - c. A maximum of .45 caliber.
 - (1) Weapons chambered for .44 magnum caliber may be used but will be required to be loaded with .44 special rounds.
 - d. A minimum cylinder or magazine capacity of five (5) rounds.
 - e. A maximum barrel length of six (6) inches.
 - f. Magazine fed weapons must have three (3) magazines for use during qualification.
2. Ammunition specification:
 - a. The bullet shall weigh a minimum of 88 grains and a maximum of 230 grains.

I have read the above qualifications and attest to the fact that I am in compliance with these qualifications.

Signature: _____ Date: _____



**Tennessee Department of Safety
Training Division
Medical Release**

I, Dr. _____ do hereby attest and certify to the best
Licensed Medical Doctor's Printed Name

of my professional ability that _____ is not suffering
Printed Name of Applicant

from any physical or mental degenerative disease, including but not limited to: Alzheimer's,

Dementia, Parkinson's, or any other disease that would render them incapable of safely

completing a firearms safety course or of safely and competently carrying a firearm.

Name of hospital or health facility: _____

Address: _____

Telephone Number: _____

Date: _____

Licensed Doctor's Signature: _____

Doctor's Printed Name: _____

Professional License #: _____ State Licensed in: _____